prevents the contraction of the limb; and with a more careful diagnosis, there is no longer fear of confounding usure of the epiphyses with caries, a more speedy healing of the parts being also aided by the employment of the gypsum bandage. The essential point in this mode of treatment is not the *débridement* once so considered, but the complete evacuation of the decomposed exudations. This can only be accomplished by free openings, small incisions either closing up again or giving rise to valvular apertures. In all probability, such incisions will hereafter be resorted to more frequently for all the joints, and will be found a more conservative practice with respect to gunshot injuries of the hip and shoulder than the primary excisions now practised with such indifferent success. At all events, such free incisions should be resorted to when primary excisions have not been indicated or have been neglected. and when considerable collections of matter have taken place.—*Brit. and For. Med.-Chir. Rev.*, April, 1867, from *Archiv der Heilkünde*, 1866, Heft 6.

25. *Injuries of the Head.*—Prof. Roser is desirous of calling the attention of practitioners to a few points which he believes possess some novelty:—

1. *A traumatic brain-sound.*—This is heard in open wounds of the skull accompanied by an aperture in the dura mater, without injury to the pia mater; and it arises from the entrance of the air during the subsidence of the brain, and its exit on the heaving-up of the organ. Professor Roser has observed this sound twice at his Marburg Clinic. In one of the cases, a small rent in the exposed dura mater was covered with blood; and whenever this was displaced by coughing, a clacking sound became plainly audible by all present. In the other case, the patient stated on his entrance that there was a whistling noise in his head; and a hissing noise was heard by all the assistants.

2. *The pulsations of the brain when the dura mater is laid bare are sometimes absent.*—Judging from two such cases in which an autopsy took place, this would seem to be a sign of abscess behind the dura mater. In fact, the presence of a circumscribed exudation or extravasation may, by compression of the corresponding portion of the brain, render this anæmic and incapable of expansion during the systole. It might be supposed that this absence of pulsation is due to the feebleness of the heart's action during the agony of death; but in one of the author's cases the patient retained all his strength.

3. *The discharge of fluid from the cavity of the arachnoid is significant of superficial injury to the brain.*—When this is more considerable, a protrusion of cerebral substance, impeding the flow of the fluid, is more likely to take place. In none of his cases of considerable injury has Professor Roser observed this flow of fluid, while he has seen it continue for several days in some cases in which the injury has been obviously superficial.

4. In some cases in which the brain has been laid bare and the injury is only superficial, a kind of *fistula* may be formed analogous in its mechanism to fistula of the cornea. Just as in this there may be observed an interrupted flow of the aqueous humour, so in a case of exposed brain the author saw a similar discharge during the third and fourth week after the injury. While the wound was granulating most kindly, a bladdery projection appeared in its midst, and, bursting from time to time, spirted out clear water. This ceased as the wound cicatrized, leaving only a slightly prominent cicatrix.—*Brit. and For. Med.-Chir. Rev.*, April, 1867, from *Archiv der Heilkünde*, 1866, Heft 6.

26. *Extensive Fracture of Pelvis without Lesion of the Pelvic Viscera.*—Dr. Quinlan brought under the notice of the Dublin Pathological Society (December 8th, 1866) a remarkable case of this. He said that the specimen was taken from the body of a female, aged thirty-five, who was, upon the 18th of November, knocked down and run over by a horse, yoked to a heavy country cart, which was, however, empty at the time of the accident. Her symptoms were at first those of collapse; and when reaction had set in it was found that there was a fracture of the ala of the left ilium and a counter-fracture of the right os innominatum; the fracture of the left side being produced by the direct violence of the wheel passing over that side of the body, and that of the right by the pelvis being "stove in" by the agency of the head of the right femur,

which, by means of the right great trochanter resting upon the ground, acted as a wedge. Swelling and œdema of the right thigh and iliac region followed, and ended in a deposition of matter underneath the fascia of the right iliac fossa and down along the sheath of the vessels of the right thigh. There was a great deal of localized peritonitis in the right iliac region. The patient finally sank, from pelvic cellulitis, upon the eighteenth day.

A *post-mortem* examination was made twenty-four hours after death; and upon opening the abdomen there were found, in the right iliac region, a fluctuating swelling, to which the cæcum was attached by lymph, the result of the circumscribed peritonitis above alluded to. The cæcum was dark-coloured and inflamed, but there was no communication between it and the swelling. Laying open this latter there was found a great deposit of purulent matter, which was traced along the psoas muscle as high as the fourth lumbar vertebra, downwards, half way down on the thigh, along the sheath of the vessels, and inwards to a fracture of the os pubis, which will presently be described. This cavity contained, in addition to pus, some aplastic lymph and ecchymosed blood. Along the right ilio-pectineal line there was extensive ecchymosis under the peritoneum, as if the wheel, after leaving the ala of the left ilium, had pressed down upon this part. The bladder, vagina, uterus, rectum, and intestines were carefully investigated, and were found uninjured. Upon examining the osseous structures of the pelvis there was found, in the left os innominatum, a fracture extending from beneath the anterior inferior spinous process to a point about an inch behind the anterior superior spinous process, and breaking the piece off. There was another fracture commencing about an inch in front of the posterior superior spinous process, and running into the left synchondrosis. In the right os innominatum, where the counter-fracture had occurred, there was a longitudinal fracture, commencing at the upper and outer part of the obturator foramen, and extending backwards through the acetabulum and the ala of the ilium to the crest, at a point about two inches in front of the posterior superior spinous process. From the centre of this fracture there was another, extending through the ala of the ilium and the anterior superior spinous process. Turning to the acetabulum, the great longitudinal fracture, already described, was found passing through this cavity in a line slightly above its notch. From this there branched off a fracture of the shell of the acetabulum, running across the whole cavity. The cartilage of the head of the femur opposite these two fractures was eroded; and around the erosis the cartilage was very vascular. In the right pubic ramus there were two fractures, one of the thin portion of the descending ramus a quarter of an inch above the point of fœtal union, and the other of the ascending ramus of the ischium where it joins the tuberosity. Lastly, there was a dislocation of the symphysis pubis, the right pubes being dislocated forwards and slightly upwards, the inter-articular cartilage remaining attached to the left pubes, and having still connected with it a fragment of the right pubic bone. The sacrum and coccyx were uninjured.—*Dublin Quarterly Journ. of Med. Sci.*, Feb. 1867.

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27. *Spontaneous Fracture.*—Dr. CASPARY relates the following interesting case, occurring in the person of a short, strong, healthy man, twenty-six years of age: In June, 1866, while ascending two steps which led to his dwelling, he felt a peculiar sensation in the left leg, as if unable to bear the weight of the body. He got indoors, however, and was even able to sit at table; but when he arose and attempted to walk, he cried out that he heard his leg crack, and that it was coming asunder. He could no longer stand, and was conveyed to bed. On examination, there was found to be a transverse fracture of the tibia at the junction of its upper and middle thirds, with but little mobility, and no crepitation or displacement. The patient exhibited no sign of rickets, nor did the bone itself present any abnormal character. A gypsum bandage was applied, and the limb laid on a firm mattress. The patient lay very quietly and without suffering; but when the bandage was removed, after three weeks, the limb remained precisely in the same condition. Under the advice of Dr. Wagner, assistant at Langenbeck's Clinic, the iodide of potassium was administered, that surgeon having found it of great utility in several cases of fracture of difficult